

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>09784075</i>	FILING DATE				
						APPLICANT(S)					
CLAIMS						*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5										
TOTAL DEP.	33	↔	↔	↔							
TOTAL CLAIMS	38										

Best Available Copy